

MAY 02-2005 MON 04:44 PM PROCOPIO, CORY, HARGREAV

FAX NO. 619

P. 02

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27189 7590 04/15/2005

PROCOPIO, CORY, HARGREAVES & SAVITCH LLP
530 B STREET
SUITE 2100
SAN DIEGO, CA 92101

05/03/2005 MGBREME 00000008 502075 10824214

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Shari Herron	(Depositor's name)
<i>Shari Herron</i>	(Signature)
May 2, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/824,214	04/14/2004	John F. Burd	OCULIR04	6280

TITLE OF INVENTION: METHODS FOR NON-INVASIVE ANALYTE MEASUREMENT FROM THE CONJUNCTIVA

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
KREMER, MATTHEW J	3736	600-319000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Stephen C. Beuerle

2 Procopio Cory Hargreaves

3 & Savitch LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Oculir, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

San Diego, CAPlease check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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- ☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2075 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Stephen C. Beuerle

Date

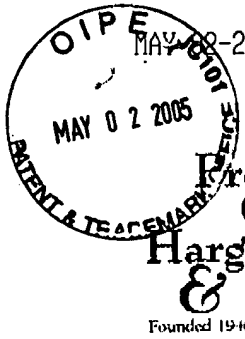
5/2/05

Typed or printed name

Registration No. 38,380

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DATE: May 2, 2005 **TOTAL PAGES, INCLUDING COVER:** 2

To:

NAME:	FACSIMILE NO.	TELEPHONE NO.
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FROM: Stephen C. Beuerle

RE: Application No. 10/824,214
Filed: 04/14/2004
Confirmation No. 6280

CC:

MESSAGE:

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Client/Matter No.: 111928-01 (OCULIR04)
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